

## Milford Regional Medical Center Employee Giving Form

As a private non-profit organization, Milford Regional relies on the philanthropic generosity of our donors, community, patients, and employees. We hope you'll consider donating to the *Milford Regional Medical Center Annual Fund*, which supports the highest priority needs of the Medical Center including patient care, educational programs, and social services. These gifts can be felt in the most tangible and meaningful way, improving employee work environment and impacting the lives of our patients and their families.

Name:				
Address:		City:	State:	Zip:
Home phone:		Work extension:		
Preferred Email:				
Employee #:				
Signature:		Date:		
☐ I would like this gift to ren	nain anonymous.			
☐ I would like to make a we	ekly gift to Milford Reg	gional Medical Center th	nrough payroll ded	duction. (024)
☐ \$20/week (1903 Society Membership*)		<b>□</b> \$5/week	□ Other \$	_/week
☐ \$10/week		<b>□</b> \$1/week		
	Weekly Contribution	Yearly Contribution (5	2 pay periods)	
	\$20	\$1,040		
	\$10	\$520		
	\$5	\$260		
	\$1	\$52		
Payroll deductions will contin *The 1903 Society recognizes  I would like to make a one credit card. (024)	our generous supporte	ers who make annual gif	ts greater than \$1,	000.
☐ Cash or check pay	able to Milford Regiona	al is enclosed.		
☐ Please charge my	credit card:			
☐ MasterCa	rd 🗖 Visa 🗖 🗸	American Express	<b>☐</b> Discover	
Card Number:			_Expiration Date: _	
Cardholder Signature:			Date:	
To make vour one-	time gift online, please	visit https://foundatio	n.milfordregional.	org/waystogiye/.

## Thank you for your generous support!

Please scan/email, deliver, or mail this form to the interoffice address below.

Please feel free to contact us with any questions or concerns.

Milford Regional Healthcare Foundation | 508-422-2228 | foundation@milreg.org